

**2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

**FILED  
Oct 11, 2007  
Secretary of State**

DOCUMENT# L06000047895

Entity Name: PATRICK O'CONNOR L.L.C.

**Current Principal Place of Business:**

**New Principal Place of Business:**

519 SW SUNDANCE TRAIL  
PORT ST. LUCIE, FL 34953 US

**Current Mailing Address:**

**New Mailing Address:**

519 SW SUNDANCE TRAIL  
PORT ST. LUCIE, FL 34953 US

FEI Number: 76-0828482      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

O'CONNOR, PATRICK  
519 SW SUNDANCE TRAIL  
PORT ST. LUCIE, FL 34953 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PATRICK OCONNOR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: O'CONNOR, PATRICK  
Address: 519 SW SUNDANCE TRAIL  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PATRICK OCONNOR

MGRM

10/11/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date